PTO/SB/17 (10-07)

Approved for use through 06/30/2010, OMB 0651-0032

Under the Paperwork Reduction	Act of 1995	no persons are require	d to re:					PARTMENT OF CO s a valid OMB control		
Effective on 12/08/2004.				Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/71			7,028			
FEE TRANSMITTAL				Filing Date	November 18, 2003					
For FY 2008				First Named Inventor		Bo Li				
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name		Connie P. Johnson				
				Art Unit	1795					
TOTAL AMOUNT OF PAYME	Attorney Docket No. H000			05567.36146 - 4780						
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 500977 Deposit Account Name: Buchalter Nemer										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s)										
Under 37 GFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
information and authorization on PTO-2038.										
FEE CALCULATION										
1. BASIC FILING, SEARC	H, AND E			CH FEES	EYAN	MINATIO	LEES			
	s	mall Entity		Small Entity		Small	Entity	Company	(e)	
Application Type Utility	Fee (\$)		ee (\$	Pee (\$) 255	210	A	2.(\$)	Fees Paid	7.51	
Design	210		100	255 50	130		i5			
Plant	210		310	155	160		:0			
Reissue	310		510	255	620					
Provisional	210	105	0	0	021		0			
2. EXCESS CLAIM FEES		103		Ü		,	U	Small Entity		
Fee Description							50 (\$)	Fee (\$) 25		
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							210	105		
Multiple dependent claims (including Reissues)							370	185		
Total Claims						M	Multiple Dependent Claims			
- 20 or HP =		x=	·				Fee (\$)	Fee Paid (\$	a)	
HP = highest number of total of Indep. Claims	aims paid 10 Extra Clain		Fee	Paid (\$)		-				
- 3 or HP = x =										
HP ≈ highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)									<sup>2</sup> aid (\$)	
Other (e.g., lare filing surcharge): 1 Month Extension									0.00	
SUBMITTED BY										
Signature NAM	MA.	Jum/11	M	Registration No. 4	6 264		Telepho	ne 949-224-6282		

Name (Print/Type) Sandra P. Thompson Date &

This collection of information is required by 37 CFR 1,136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.